



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF TAX AND REVENUE**

**ELECTRONIC TAXPAYER SERVICE CENTER REGISTRATION APPLICATION  
For District of Columbia Business Taxpayers**

**OFFICE OF TAX AND REVENUE  
941 North Capitol Street, N.E.  
Washington, D.C. 20002**

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## **THE ELECTRONIC TAXPAYER SERVICE CENTER**

The Electronic Taxpayer Service Center provides secure access to D.C. Business Tax information. As a registered Taxpayer Service Center Customer, you may file tax returns, remit payment via credit card or electronic funds transfer, view account balance information, and correspond with the DC Office of Tax and Revenue.

The Taxpayer Service Center currently supports electronic filing for Sales and Use Tax monthly returns, Employer Withholding monthly returns, and Corporate and Unincorporated Business Franchise Tax estimated payments. It also supports account balance inquiry on and electronic payment for the following taxes:

- Sales and Use
- Employer Withholding
- Corporation Franchise Tax
- Unincorporated Franchise Tax
- Personal Property Tax.

The Electronic Taxpayer Service Center Registration Application must be completed to gain access to the District of Columbia Electronic Taxpayer Service Center and their account(s) information.

**Proof of Filing:** The confirmation number provided by the Electronic Taxpayer Service Center upon filing can be used as legal proof of filing.

Use of the Center is provided free of charge.\*

\* A small fee is charged for credit card payments, however, electronic filers are not required to pay by credit card. Other payment options include Electronic Funds Transfer (EFT) or payment by check.

## INSTRUCTIONS

The following general instructions are provided to assist you in completing the application form.

### **PART I - GENERAL BUSINESS INFORMATION**

- 1 (a). Federal Employer Identification Number** - Please provide the Federal Employer Identification Number of the business.
- 1 (b). Social Security Number** - In the case of a sole proprietorship, with no employees, the Social Security Number of the sole proprietor can be used in lieu of a Federal Employer Identification Number. This is not required if a Federal Employer Identification Number is provided in question 1 (a).
- 2. Business Name** - The legal name of the business, as registered with the DC Office of Tax and Revenue.
- 3. Trade Name** - The trade name of the business, as registered with the DC Office of Tax and Revenue.

**PART II - AUTHORIZING AGENT INFORMATION** must be completed to allow authorized officials of the company access to the Electronic Taxpayer Service Center. The Authorizing Agent must be an official of the business and is the person with the authority to grant access to District of Columbia tax account information for the business identified in **PART I - GENERAL BUSINESS INFORMATION**. In completing this section, the Authorizing Agent is granting such access to the Authorized Agent(s) listed in **PART III - AUTHORIZED AGENTS**.

### **PART III - AUTHORIZED AGENTS**

This section identifies the individuals authorized to view tax account information, file tax returns, and remit tax payments on behalf of the business identified in PART I. The name and e-mail address of each user are required for registration. The Social Security Number is optional. If the Social Security Number is provided, it will be assigned to the user as his/her Logon ID. If it is not provided, a random Logon ID will be assigned to that user.

### **PART IV - ELECTRONIC FUNDS TRANSFER REGISTRATION**

This section enables your organization to electronically transfer funds from your bank account to the Office of Tax and Revenue's bank account. You may use either the Debit payment method or the Credit payment method. Please be aware that registration for Electronic Funds Transfer is optional. The customer may also remit payments via credit card or check. Please also be aware that registration for Electronic Funds Transfer does not preclude the business from submitting payment by credit card or by check.

If completing Part IV, the **ELECTRONIC FUNDS TRANSFER REGISTRATION**, please note the following:

- The **Contact Person** should be the person to call if there is a problem with the ACH transaction, e.g. incorrect account numbers, incorrect addenda format, etc.
- The **EFT payment method** preferred by your organization, whether Credit or Debit.

### **Credit Payment Method**

If you select the Credit Payment method, you'll need to authorize your bank to credit the Office of Tax and Revenue's bank account by debiting your bank account. The National Automated Clearinghouse Association (NACHA) sets the standards for transfers of funds between banks. Your bank will use the Automated Clearinghouse (ACH) Credit format as defined by the NACHA to transfer funds between your bank and the OTR's bank.

### **Debit Payment Method**

If you select the Debit payment method, you must complete the **FINANCIAL INSTITUTION INFORMATION** portion of Part IV. This section enables the authorized agent(s) listed in PART III to remit payments via Electronic Funds Transfer. When completing this portion, please note the following:

- The **Signature and Title of Authorized Official** is a required field. This should be someone within your organization authorized to make tax payments. By signing this form the official is authorizing the DC Office of Tax and Revenue to initiate debit transactions to your business account when the EFT payment option is used on the Electronic Taxpayer Service Center.
- The **Checking Account Number, or Savings Account Number, and Financial Institution Routing Number** are required fields.



ELECTRONIC TAXPAYER SERVICE CENTER  
REGISTRATION APPLICATION

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF TAX AND REVENUE

PART I - GENERAL BUSINESS INFORMATION

1 (a). Federal Employer Identification Number  -

1 (b). Social Security Number  -  -

2. Business Name

\_\_\_\_\_

3. Trade Name

\_\_\_\_\_

4. Business Address

\_\_\_\_\_

\_\_\_\_\_

5. Local Business Phone No

( )

6. Main Office Phone No

( )

\_\_\_\_\_

PART II - AUTHORIZING AGENT INFORMATION

1. Name

Last

First

MI

\_\_\_\_\_

2. Title: \_\_\_\_\_

3. Social Security Number (optional) : \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

4. Work telephone: ( ) -

5. EMail: \_\_\_\_\_

6. Do you, the authorizing agent, require access to the Electronic Taxpayer Service Center?

☐

YES, I want access

☐

NO, I am only authorizing access for those listed in PART III

7. If you checked YES for Item 6, do wish to use your Social Security Number as a Logon ID?

☐

YES, and I've provided my Social Security Number in Item 3.

☐

NO, please assign me a random Logon ID

CERTIFICATION

I hereby authorize the agents listed in PART III to access the District of Columbia Electronic Taxpayer Service Center for the business identified PART I. This authority is to remain in full force and effect until the District of Columbia Office of Tax and Revenue has received a written termination notification from an authorized officer.

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

### PART III - AUTHORIZED AGENTS

List the individuals you are authorizing to access the tax accounts for the business identified in PART I. The name and e-mail address of each user is required for registration. The Social Security Number is optional, and will be used as the Logon Identification Number for the user if provided. If you do not wish to provide the Social Security Number, a random Logon ID will be assigned to the user. You are granting these users access to view tax account information, file tax returns, and remit tax payments to the DC Office of Tax and Revenue.

	Name			E-Mail	SSN (optional)			
	Last,	First	MI					
1					-	-	-	
2					-	-	-	
3					-	-	-	
4					-	-	-	
5					-	-	-	
6					-	-	-	
7					-	-	-	
8					-	-	-	
9					-	-	-	
10					-	-	-	

### PART IV - ELECTRONIC FUNDS TRANSFER REGISTRATION (optional)

Electronic Funds Transfer (EFT) involves the transfer of funds from your bank account to the Office of Tax and Revenue. This is a free and optional service to the registrant. You may use either the Debit payment method or the Credit payment method. You are still required to submit your tax return when using the EFT payment method.

If you would like to remit payment via EFT, please provide the following contact information.

Contact Person

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Telephone Number: (    ) - \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax Number: (    ) - \_\_\_\_\_

Specify your preferred EFT payment method : ☐ Credit ☐ Debit

If you specified Debit as your preferred EFT payment method, continue to page 4 to complete the Financial Information section. This section is required to enable the ACH Debit method of payment on the Electronic Taxpayer Service Center.

Signature and Title of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

PART IV - ELECTRONIC FUNDS TRANSFER REGISTRATION (optional)

Complete this section to enable Electronic Funds Transfers to be initiated on the Electronic Taxpayer Service Center by the authorizing agents listed in PART III. This service allows the authorizing agents to remit payment to the District of Columbia for tax debts via the ACH Debit method of payment. This is a free and optional service to the registrant. The Financial Institution Information below is required to enable the ACH Debit method of payment on the Electronic Taxpayer Service Center.

\*\*\*\*\*

**FINANCIAL INSTITUTION INFORMATION**

I authorize the District of Columbia Office of Tax and Revenue and the financial institution named below to initiate entries to my check/savings accounts. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

**PLEASE ATTACH A COPY OF A VOIDED CHECK**

Name of Financial Institution:	Address of Financial Institution:
Checking Account No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(or) Savings Account No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Financial institution Routing Number (between these symbols  :  : on the bottom left of your check): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

I hereby authorize the District of Columbia Office of Tax and Revenue to use the above information in direct conjunction with the Electronic Funds Transfer program. This authority is to remain in full force and effect until the District of Columbia Office of Tax and Revenue has received a written termination notification from an authorized officer. I will comply with the Electronic Funds Transfer provisions set forth by the District of Columbia Office of Tax and Revenue.

Signature of Authorizing Official: \_\_\_\_\_